

**COUNTY OF SACRAMENTO  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ALCOHOL AND DRUG SERVICES DIVISION**

**OVERVIEW OF SERVICES**

**April 2002**

**PROGRAM DESCRIPTION**

The Mission of the Alcohol and Drug Services Division is:

to promote a healthy community and reduce the harmful effects associated with alcohol and other drug use, while remaining responsive to and reflective of the diversity among individuals, families and communities.

Services provided through the Alcohol and Drug Services Division fall into two broad categories: Administration and the Prevention/Treatment Service provision.

**ADMINISTRATION**

- Policy and Planning
- Budget and Contracts
- Monitoring and Program Oversight
- System of Care
- Evaluation
- Training

**PREVENTION/TREATMENT SERVICES**

- Prevention/Education
- Detoxification
- Residential
- Outpatient/Methadone
- Perinatal

**ADMINISTRATION**

The Division provides program management for all contracted alcohol and other drug (AOD) services supported with public funding in Sacramento County. The Division sets local policy, works to expand local resources, collaborates with other County agencies around mutual program efforts, and provides technical assistance and liaison services among provider partners and County programs. The Division monitors contracts with treatment and prevention service providers for contract compliance, quality of services and adherence with the Good Neighbor Policy.

The Division's System of Care screening, assessment and treatment authorization process is completing its fourth year of operations. The system of care is designed to:

- Improve the quality of services to Sacramento County residents
- Ensure the provision of appropriate level of services
- Tailor treatment to meet individualized client needs at all levels

- Ensure service priorities are accomplished
  - Federal mandates – pregnant, HIV positive, injection drug users
  - CPS involved
  - Multi-service users
- Better manage Sacramento County AOD resources

The full continuum of treatment services is provided, which includes pre-treatment interventions. Thorough assessments, treatment matching and consistent use of AOD treatment tools are key components.

Through the System of Care, there has been an increase in the number of individuals served. Wait lists have diminished over the last few years, although they still exist. This effort supports the Department's prioritization of CPS involved families. They are a priority due to the risk to both adults and the children. The focus on both CPS and CalWORKs clients has enabled Sacramento County to increase the portion of women served. While allocation of such treatment slots are typically 36% statewide, in Sacramento over 52% of treatment admissions are provided to women, which is a more appropriate resource allocation given Sacramento County client priorities.

## **PREVENTION/TREATMENT SERVICES**

**Prevention/Education Services:** The Division funds a limited number of prevention and early intervention services, including group services in schools, community centers and various social service agencies with the assistance of the Division's alcohol and drug counselors. Approximately 20% of the Division's block grant funding is targeted to support primary prevention strategies. Specific primary prevention strategies include:

- Information Dissemination
- Education
- Alternative Activities
- Problem Identification and Referral
- Community-Based Process
- Environmental

**Residential and Detoxification Services:** The Division currently contracts with 9 residential treatment services and 3 residential detoxification treatment services. These providers work with multiple categorical funding sources, which include SAPT, CalWORKs, SACPA/Prop. 36, Parolee Services Network, and specific grant funded programs. Due to limited funding, those clients who do not fall under some categorical funding support or are not among the federal or county prioritized categories are more likely to be placed on wait list and/or may not gain access to these high end services.

**Outpatient/Methadone Services:** The Division currently contracts with 17 outpatient treatment providers in Sacramento. The services provided by these agencies range from intensive day treatment to more limited services (group treatment, information and education support groups,

and pre-treatment services). Outpatient services include methadone treatment, which is primarily funded through Drug/Medi-Cal. All discretionary state general fund dollars are used to meet the federal match requirements.

**Perinatal Services:** The Division runs the case management component of the Options For Recovery perinatal program. Through this project the Division coordinates and provides support services to pregnant and parenting women with AOD issues. The project is a collaboration among Division staff and community-based service providers. Case management is outstationed at the provider sites to ensure better linkages and a more seamless utilization of these crucial resources.

## RECENT DEVELOPMENTS

Four major efforts continue to impact Division activities.

1. **SACPA – Prop. 36:** The Division continues to work with the Criminal Justice Cabinet, Probation, the Courts and others to implement SACPA. As the lead agency, the Division coordinates programmatic oversight and planning for this effort. There are three core outpatient service providers and SACPA funding supports residential, detoxification, methadone, and ancillary service capacity throughout the County. Drug testing continues to be part of the project's activities with funding support coming from the Block Grant.
2. **Dependency Drug Court (DDC):** The DDC began providing services in October of 2002. This collaborative effort receives funding support from the state through a Drug Court Initiative Grant and some Tobacco Litigation Settlement Funds. The collaborative includes partners from the Court, CPS and community-based service providers. The purpose continues to be to address child welfare clients that have substance abuse issues and involvement with CPS and the Dependency Court.
3. **Youth Treatment:** The Division continues to work closely with Children's Mental Health in an effort to achieve an integrated service delivery model for dually impacted youth and make the best use of all existing resources. In FY 2000/01 youth treatment services were launched and continued to expand in FY 2001/02. However, the funding that was initially provided by the state was eliminated from the budget during the FY 2001/02 budget cycle. The County provided support for these services from the General Fund as a backfill for the lost state support. This was the first time in the last 20 years that General Fund money was used to support alcohol and other drug services. A planning effort with Children's Mental Health resulted in new funding from a 3-year state grant being awarded to a collaborative of Children's Mental Health, the Alcohol and Drug Services Division and SETA. These funds, along with some Drug/Medi-Cal support, were allocated to existing youth treatment providers in Sacramento County. A training component on adolescent intervention and treatment was developed concurrently and has provided necessary education for our treatment partners and County agency staff.
4. **Community Anti-Drug Coalition:** The Project Help Coalition was established in FY 2000/01 and is led by a staff from the Division. After holding eight community Town Halls throughout the County, the coalition held its second successful Summit in October 2001, which focused on neighborhoods. In addition, Project Help became a Drug Free

Safe Community grantee this year and recipient of other funding support for law enforcement, healthcare and community collaborative building efforts.

## **TRAINING AND EVALUATION**

The Division's training efforts, which include the Alcohol and Other Drug Treatment Initiative (AODTI) and the Strategies for Family Change projects, are now in their seventh year. Over 6500 training slots have been filled and training classes still achieve capacity as soon as they are announced. The federal Center for Substance Abuse Treatment has recently requested the AODTI materials to help develop a national information document on effective training for Child Welfare systems. The Division's Adolescent Training component, piloted last March, has become a popular addition to our comprehensive training efforts.

The Division continues its active involvement in research and evaluation projects. Projects specific to Sacramento include analysis of the Division's System of Care assessment data, key cross-system treatment outcome indicators, and results of services provided to incarcerated women. The Division also participates in a national treatment outcome study (CalTOP) and a statewide study that compares different models of resource management.

## **UNIQUE REQUIREMENTS OF THE ALCOHOL AND DRUG BUDGET**

Federal Substance Abuse Prevention and Treatment block grant funds (SAPT) have been and continue to be the primary resource for the Alcohol and Drug Services Budget. The SAPT block grant includes set-asides for prevention services (20%) and HIV services (5%). SAPT discretionary funds mandate service priority for individuals who are pregnant, HIV positive or injection drug users.

The state and federal revenues provided through the State Department of Alcohol and Drug Programs (ADP) may be used to reimburse actual expenditures only. The state remits to the County one-twelfth (1/12) of the total allocation each month. After the fiscal year ends, the Division submits a year-end cost report identifying all the alcohol and drug expenditures. The Negotiated Net Amount (NNA) agreement with the state, along with associated processes, allows carryover of funds if the County has achieved contracted system capacity.

Public agencies and non-profit organizations are the only entities eligible for funding support from federal alcohol and other drug funding. All existing contract service providers meet this requirement, except two for-profit methadone programs, which can receive Drug/Medi-Cal funding to ensure provision of this entitlement service.

State General Funds for alcohol and drug services are used primarily for two purposes: Drug/Medi-Cal match and state mandated perinatal services. Sacramento is one of only seven California counties that receive no discretionary state dollars. In light of the federal mandates summarized above (set asides, pregnant, HIV and IDU), coupled with local priorities (CPS and multi-service users), there are few discretionary resources available to serve Sacramento's unprioritized populations. The Alcohol and Drug Administrator, through the County Alcohol and Drug Program Administrators Association of California (CADPAAC), continues working with State ADP and the legislature to establish an equitable base for the seven counties. However, given current budget constraints at the state, changes in this allocation system are not likely.

The County, as well as each contractor, are subject to an audit by State ADP audit staff and County audit staff. The County must reimburse State ADP for any finding of unallowable expenditures by either the County or a contractor. When a contractor receives an audit finding of unallowable expenditures, the contractor must reimburse the County.

## **BUDGET SUMMARY**

The Division's budget is based on nearly \$30 million dollars in revenues. The most significant revenue sources include: Federal funds, Drug/Medi-Cal, State funding which includes CalWORKs, and SACPA/Prop. 36. The proposed budget for FY 2002/03 includes only \$178,000 of County general funds. This funding is used to support youth treatment and is at risk for elimination. The majority of funds are used to support community-based contract services.

During the FY 2001/02, the Division experienced some difficult and adverse budget cuts and changes, which severely impacted the Division's treatment services. Due to decreases in state funding, the elimination of carryover funds and excess Vehicle Code Trust Funds, and the redirection of SAPT funding to support Prop. 36 drug testing, treatment contracts were reduced by 25%. Further budget cuts as proposed in the Governor's budget will exacerbate an already stressed and under-funded service delivery system.